

Washington State Institute for Public Policy

Benefit-Cost Results

Relapse Prevention Therapy

Benefit-cost estimates updated July 2015. Literature review updated May 2014.

Current estimates replace old estimates. Numbers will change over time as a result of model inputs and monetization methods.

The WSIPP benefit-cost analysis examines, on an apples-to-apples basis, the monetary value of programs or policies to determine whether the benefits from the program exceed its costs. WSIPP's research approach to identifying evidence-based programs and policies has three main steps. First, we determine "what works" (and what does not work) to improve outcomes using a statistical technique called meta-analysis. Second, we calculate whether the benefits of a program exceed its costs. Third, we estimate the risk of investing in a program by testing the sensitivity of our results. For more detail on our methods, see our technical documentation.

Program Description: This intervention, developed by Marlatt & Gordon, uses a cognitive-behavioral approach to help patients anticipate problems and identify strategies to avoid using alcohol and drugs.

Benefit-Cost Summary							
Program benefits		Summary statistics					
Participants	\$3,363	Benefit to cost ratio	\$27,919.36				
Taxpayers	\$1,587	Benefits minus costs	\$5,600				
Other (1)	\$290	Probability of a positive net present value	58 %				
Other (2)	\$359						
Total	\$5,600						
Costs	\$0						
Benefits minus cost	\$5,600						

The estimates shown are present value, life cycle benefits and costs. All dollars are expressed in the base year chosen for this analysis (2014). The economic discount rates and other relevant parameters are described in our technical documentation.

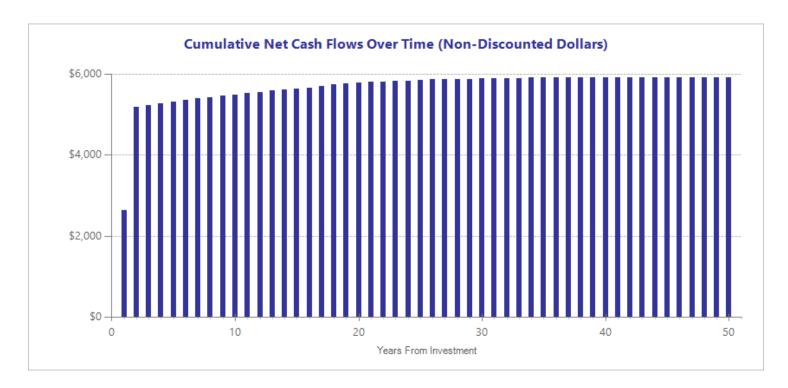
Detailed Monetary Benefit Estimates									
Source of benefits	Participants	Be Taxpayers	enefits to Other (1)	Other (2)	Total benefits				
From primary participant									
Crime	\$0	\$53	\$175	\$26	\$254				
Labor market earnings (alcohol abuse/dependence)	\$3,336	\$1,423	\$0	\$277	\$5,036				
Property loss (alcohol abuse/dependence)	\$8	\$0	\$16	\$0	\$24				
Health care (illicit drug abuse/dependence)	\$19	\$111	\$100	\$56	\$286				
Adjustment for deadweight cost of program	\$0	\$0	\$0	\$0	\$0				
Totals	\$3,363	\$1,587	\$290	\$359	\$5,600				

We created the two "other" categories to report results that do not fit neatly in the "participant" or "taxpayer" perspectives. In the "Other (1)" category we include the benefits of reductions in crime victimization, the economic spillover benefits of improvement in human capital outcomes, and the benefits from private or employer-paid health insurance. In the "Other (2)" category we include estimates of the net changes in the value of a statistical life and net changes in the deadweight costs of taxation.

Program costs \$1,050 1 2014 Present value of net program costs (in 2014 dollars) \$0 Comparison costs \$1,050 1 2014 Uncertainty (+ or - %) 15 %

This is the weighted average cost of interventions reviewed for this meta-analysis, based on hours of individual and group counseling, reimbursed at Washington's 2014 Medicaid rates.

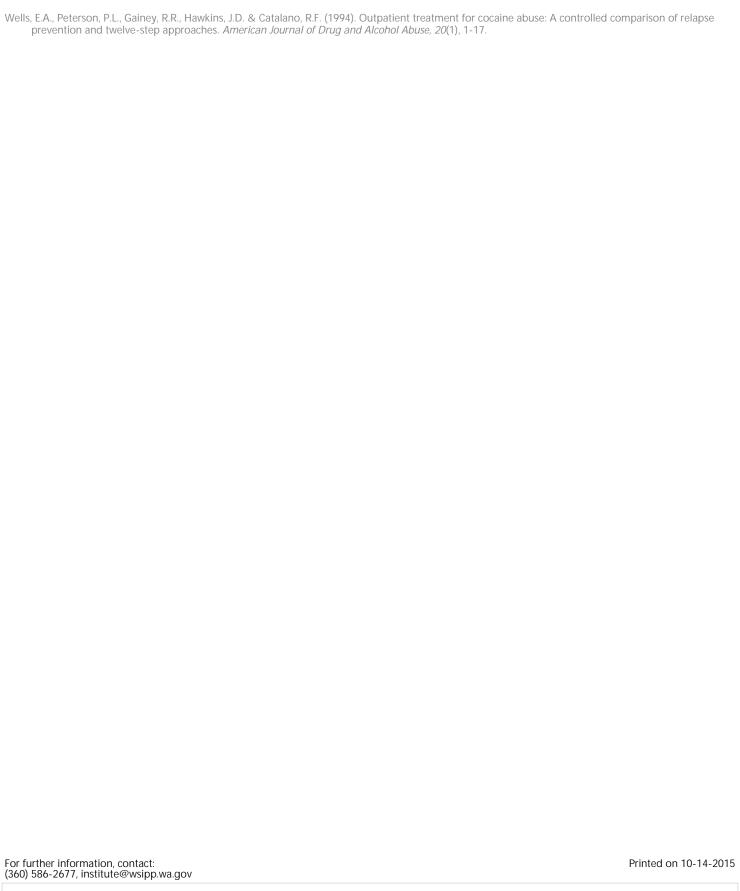
The figures shown are estimates of the costs to implement programs in Washington. The comparison group costs reflect either no treatment or treatment as usual, depending on how effect sizes were calculated in the meta analysis. The uncertainty range is used in Monte Carlo risk analysis, described in our technical documentation.



Meta-Analysis of Program Effects											
Outcomes measured	Primary or secondary effect participant sizes	Treatment N	Unadjusted effect size (random effects model)								
		sizes				First time ES is estimated			Second time ES is estimated		
				ES	p-value	ES	SE	Age	ES	SE	Age
Alcohol abuse or dependence	Primary	4	156	-0.234	0.123	-0.234	0.153	41	-0.003	0.178	42
Illicit drug abuse or dependence	Primary	3	118	-0.217	0.451	-0.217	0.287	41	-0.003	0.178	42

Citations Used in the Meta-Analysis

- Allsop, S., Saunders, B., Phillips, M., & Carr, A. (1997). A trial of relapse prevention with severely dependent male problem drinkers. Addiction, 92, 61-74.
- Bennett, G.A., Withers, J., Thomas, P.W., Higgins, D.S., Bailey, J., Parry, L., & Davies, E. (2005). A randomised trial of early warning signs relapse prevention training in the treatment of alcohol dependence. *Addictive Behaviors*, 30(6), 1111-1124.
- Jafari, E., Eskandari, H., Sohrabi, F., Delavar, A., Heshmati, R., & World Conference on Psychology, Counselling and Guidance, WCPCG-2010. (2010). Effectiveness of coping skills training in relapse prevention and resiliency enhancement in people with substance dependency. *Procedia Social and Behavioral Sciences*, 5, 1376-1380.
- McKay, J.R., Alterman, A.I., Cacciola, J.S., O'Brien, C.P., Koppenhaver, J.M., & Shepard, D.S. (1999). Continuing care for cocaine dependence: Comprehensive 2-year outcomes. *Journal of Consulting and Clinical Psychology, 67*(3), 420-427.
- O'Connell, J.M. (1987). Effectiveness of an alcohol relapse prevention program. (Doctoral dissertation, Fordham University, 1987, UMI No. 8725685).





Washington State Institute for Public Policy

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